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Application Number	The day of the service of the servic	
Filing Date		
First Named Inventor	Prasad Keshav DESHPANDE	
Title	NOVEL POLYMORPHS OF RACEMIC	
Art Unit		
Examiner Name		
Attorney Docket Number	WH-18	

I hereby revoke a	Il previo	ous powers of attorney gi	ven in the ab	ove-ide	ntified applica	ation.		<u>-</u>	
I hereby appoint:									
X Practitioners as	Practitioners associated with the Customer Number:								
OR		(• • •				
Practitioner(s) r	named be	low:							
	Name Registration Number								
Mr. Douglas R	obinson				51278			_	
Dr. O. M. (Sam		ut			51286				
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as my/our attorney(s) Trademark Office con		s) to prosecute the application erewith.	identified above	, and to tr	ansact all busin	ess in the L	Inited S	tates Patent and	t
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X Firm or Individual	Name	Bio Intellectual Property Servi	ces (Bio IPS) LLC	;					
Address		8509 Kernon Ct							
City		Lorton		State	VA		Zip	22079	
Country		USA		I = 1	D' IDC o D' IDC				
Telephone		703-550-1968		Email	BiolPS@BiolPS.c	com			
Applicant/Inv	entor.								
		the entire interest. See 37 CFF FR 3.73(b) is enclosed. (Form							
SIGNATURE of Applicant or Assignee of Record									
Signature						Date			
Name	P	rasad Keshav DESHPANDE				Telephone			
Title and Company			-,,-						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
X *Total of6_	*Total of6 forms are submitted.								

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First Named Inventor	Prasad Keshav DESHPANDE
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Examiner Name	
Attorney Docket Number	WH-18

I hereby revoke all	previous powers of attorney gi	ven in the ab	ove-ide	ntified applica	ation.		
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OR	OR						
Practitioner(s) nat	med below:						
	Name			Registrat	ion Number		1
Mr. Douglas Rob	oinson			51278			1
Dr. O. M. (Sam)				51286			1
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as my/our attorney(s) or Trademark Office conne	r agent(s) to prosecute the application ected therewith.	identified above	, and to ti	ransact all busin	ess in the Unit	ted States Patent an	id
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Address	8509 Kernon Ct						
City	Lorton		State	VA	Zi	P 22079	
Country	USA						
Telephone	703-550-1968		Email	BiolPS@BiolPS.c	com		
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	cord of the entire interest. See 37 CFF ler 37 CFR 3.73(b) is enclosed. (Form		_				
	SIGNATURE of	Applicant or A	ssignee	of Record		·	
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Name	Satish Baliram BHAVSAR				Telephone		
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First Named Inventor	Prasad Keshav DESHPANDE	-
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Attorney Docket Number	WH-18	

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I hereby appoint:							
Practitioners associated with the Customer Number: 58478							
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Practitioner(s) name	ed below:						
	Name			Registra	tion Numbe	r	
Mr. Douglas Robins	son			51278			
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Address	8509 Kernon Ct						
City	Lorton		State	VA		Zip	22079
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Telephone	703-550-1968		Email	BioIPS@BioIPS	.com		
I am the: Applicant/Invento	NF.						
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	SIGNATURE of		ssignee (of Record			-
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Name	Yati CHUGH				Telephone		
Title and Company							
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Attorney Docket Number	WH-18

I hereby revoke al	previo	us powers of attorney gi	ven in the ab	ove-ide	ntified applic	ation.			
I hereby appoint:	_								
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Practitioner(s) n	amed be	low:							
		Name			Registra	tion Numbe	er		7
Mr. Douglas Ro	binson				51278				┨
Dr. O. M. (Sam		ut			51286		-		1
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Firm or Individual	Name	Bio Intellectual Property Servio	ces (Bio IPS) LL(_		
Address		8509 Kernon Ct					-		
City		Lorton		State	VA		Zip	22079	
Country		USA		T = ", T	D: 100 - D: 100				
Telephone		703-550-1968	 	Email	BioIPS@BioIPS.	com			
I am the: Applicant/Inve	entor								
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SIGNATURE of Applicant or Assignee of Record									
Signature						Date			
Name	Ravi	ndra Dattatrya YEOLE				Telephone	.]		
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Examiner Name		_
Attorney Docket Number	WH-18	7

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Mr. Douglas R	obinson				51278			
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Firm or Individual	Name	Bio Intellectual Property Servi	ces (Bio IPS) LL	.C				
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SIGNATURE of Applicant or Assignee of Record								
Signature						Date		-
Name	Noel	John DE SOUZA		-		Telephone		
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Name			Registrati	ion Number				
Mr. Douglas Robinson			51278					
Dr. O. M. (Sam) Zaghmout			51286					
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Tirm or Individual Name Bio Intellectual Property Se	rvices (Bio IPS) LLC	;						
Address 8509 Kernon Ct								
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Telephone 703-550-1968		Email	BioIPS@BioIPS.c	om .				
Applicant/Inventor.								
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SIGNATURE of Applicant or Assignee of Record								
Signature				Date				
Name Mahesh Vithalbhai PATEL				Telephone				
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